

**BEST AVAILABLE COPY**

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>09/890 387</b>		FILING DATE	
						APPLICANT(S)			
<b>CLAIMS</b>									
AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*		
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